

performed to assess the relationship between total and sectional ASQ-3 score and age subgroup.

Findings: 5,850 Peruvian infants were evaluated in 2013. Mean age was 13 months and 50.7% were males. Mothers had a mean education of 6.6 ± 4.0 years. 34.8% were stunted, 7.8% were underweight, and 0.9% were wasted. Mean total ASQ-3 was 42.2 ± 8.2 . The ASQ-3 allocated 49.6% as having a suspected developmental delay in one or more areas of development.

The age subgroups were nearly evenly distributed (24.5%, 25.9%, 25.7%, 23.9%). Linear regression showed a significant association between age subgroup and both total ($\beta=1.8$, CI: 1.7–2.0, $p<0.001$) and sectional ASQ-3 score (all $p<0.001$). Age subgroup was also inversely associated with scores reflecting a developmental delay in at least one section ($p<0.001$). After adjusting for wealth quintile, education level of the mother, and stunted and underweight status, age subgroup remained significantly associated with total ASQ-3 score ($\beta=1.8$, CI: 1.7–2.0, $p<0.001$), sectional ASQ-3 score (all $p<0.001$) and inversely associated with one or more scores indicating suspected developmental delay ($p<0.001$).

Interpretation: Peruvian clinicians and parents should be properly informed about the possibility of false positives or overscreening for developmental delays if the infant's age is in the lower range for an ASQ-3 screening interval.

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A health perspective of street children in Bangladesh

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Project Purpose: Street children refer to millions of destitute boys and girls who have adopted the street as their abode or source of livelihood, or both. These children grow up in an environment where tranquility, and physical and emotional stability are frequently or constantly threatened. The purpose of this study is to have a close and empathetic look into the lives of street children that will help to identify their health-related needs.

Method: A cross sectional descriptive type of study was conducted among 125 street children between the ages 8 to 14 years who were available at different intercept points of Dhaka city, Bangladesh. The information was collected through face-to-face interview using a structural questionnaire. An attempt was also made to relate their lifestyle, risk behavior and health impact upon the socio demographic characteristics.

Outcome and Evaluation: In this present study, the findings suggest that, according to the statement of street children, poverty (41%) is the main reason behind enforcing the children to stay and work on the street. Additionally other factors are physical abuse by the family member, due to presence of stepmother or father, brought by unknown person, to earn money, and run away with

friends, etc. The expenditures for food and addiction are also significantly associated with the rise of income. They pass their leisure by playing games, roaming around by watching video/cinema but on the other side of the coin, they are frequently abused (80.8%) either physically or sexually. Regarding health, about 87.2% street children were suffering from different type of diseases as accidental injury, skin infection, hepatitis, sexually transmitted diseases (STDs) and warm infestation.

Going Forward: This study has been performed in response to the pressing need to assess the personal and social consequences of the urban street children in Bangladesh. A careful examination of the lives of these children will provide a clearer understanding of the paths to their disadvantageous life. A better diagnosis of the contributing factors will help to minimize the extent of the problems and also to develop innovative approaches and ensure a healthy lifestyle for the future generation.

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Population-based study to determine prevalence of hypertension and other cardiovascular risk factors in a rural region of Kenya

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Background: Cardiovascular disease is the leading cause of death in Africa. Hypertension, with a high prevalence in sub-Saharan Africa, appears to be a major contributory factor. Little is known about the prevalence of or risk factors for hypertension in rural areas of sub-Saharan Africa. We propose to estimate the prevalence of hypertension in adults in rural southern Kenya.

Methods: We will conduct the survey in Kaloleni district using randomized two-stage cluster sampling. We will use the validated WHO STEPwise approach to chronic disease questionnaire with additional questions for non-traditional risk factors and collect baseline blood pressure, basic demographic/anthropometric and spot urine from 660 non-pregnant adults over the age of 20 years old.

Findings: Our research group conducted a preliminary assessment of hypertension prevalence in the same district during a health fair for a total of 740 residents. The prevalence of hypertension among 91 participants aged >18 years was high (31%). This current study will report prevalence of hypertension and its traditional risk factors, in addition to non-traditional risk factors such as kidney disease from chronic Schistosomiasis infection, indoor smoke exposure, or consumption of “miraa” (a plant-based stimulant). The data collection and analysis will take place November 2015.

Interpretation: Our study will provide epidemiological data critical for mapping and surveillance of hypertension and associated cardiovascular risk factors crucial for curbing the cardiovascular disease pandemic that is emerging in rural Kenya and other parts of East Africa. This will be the first study of nontraditional cardiovascular risk factors in a rural Kenya that has the potential to uncover interventions that can particularly impact rural populations